



Practitioner's Docket No. JD-211-US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: John BOTICKI, et al.

Application No.: 10/605,133

Group No.: 3752

Filed: September 10, 2003

Examiner: Darren W. GORMAN

For: FOAM NOZZLE

**RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP
ART UNIT 3752**

**Commissioner for Patents
Mail Stop AF
P.O. Box 1450
Alexandria, VA 22313-1450**

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.


EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that this correspondence is being deposited with the United States Patent and Trademark Office *via* facsimile No. 703-872-9306 to the *attention of Examiner Darren W. Gorman, Art Unit 3752.*

Date: 12 July 2005


Judith A. White

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	18	Minus	18	= 0	x \$ 50 =	\$0
Indep.	4	Minus	3	= 1	x \$200 =	\$ 200
First Presentation of Multiple Dependent Claim					+\$360 =	\$0
Total					Addit. Fee	\$ <u>200.00</u>

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

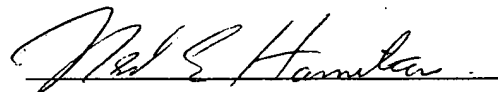
No additional fee for claims is required.

FEE DEFICIENCY

5. **The Commissioner is hereby authorized to charge the \$200.00 fee for an additional independent claim to Deposit Account No. 50-0231.** If any additional extension and/or fee is required, or if a credit is due, please charge Deposit Account No. 50-0231.

Date: 12 July 2005

JohnsonDiversey, Inc.
8310 16th Street - M/S 509
P.O. Box 902
Sturtevant, WI 53177-0902
Direct: 262-631-4583



Neil E. Hamilton
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Telefax Number: (262) 631-4021

USSN 10/605,133
OUR FILE: JD-211-US

TO: UNITED STATES PATENT AND TRADEMARK OFFICE
ATTN: EXAMINER DARREN W. GORMAN
ART UNIT NO. 3752
Phone Number: 703-306-5771
Telefax Number: 703-872-9306

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Judith A. White
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AMENDMENT AFTER FINAL REJECTION

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EXPEDITED PROCEDURE
EXAMINING GROUP
ART UNIT 3752**

**Commissioner for Patents
Mail Stop AF
P.O. Box 1450
Alexandria, VA 22313-1450**

Dear Sir:

In response to the Official Action mailed from the Patent and Trademark Office on June 15, 2005, please amend the above-identified application as follows:

Amendments to the Claims begin on Page 2 of this paper.

Remarks/Arguments begin on Page 5 of this paper.